

Waiver Hospitals

Based on Spending Breakdown by Claim

| Hospital Name | Provider Number | State |
|--|-----------------|-------|
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| Period | Claim Type |
|---|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |

Waiver Hospitals

Based on Spending Breakdown by Claim

| Avg Spending Per Episode (Hospital) | Avg Spending Per Episode (State) | Avg Spending Per Episode (Nation) |
|--|-------------------------------------|--------------------------------------|
| \$19.00 | \$27.00 | \$14.00 |
| \$13.00 | \$2.00 | \$1.00 |
| \$0.00 | \$8.00 | \$7.00 |
| \$7.00 | \$48.00 | \$40.00 |
| \$0.00 | \$3.00 | \$3.00 |
| \$3.00 | \$11.00 | \$9.00 |
| \$176.00 | \$183.00 | \$155.00 |
| \$30.00 | \$18.00 | \$14.00 |
| \$61.00 | \$19.00 | \$16.00 |
| \$8847.00 | \$10723.00 | \$9399.00 |
| \$28.00 | \$58.00 | \$46.00 |
| \$687.00 | \$934.00 | \$1190.00 |

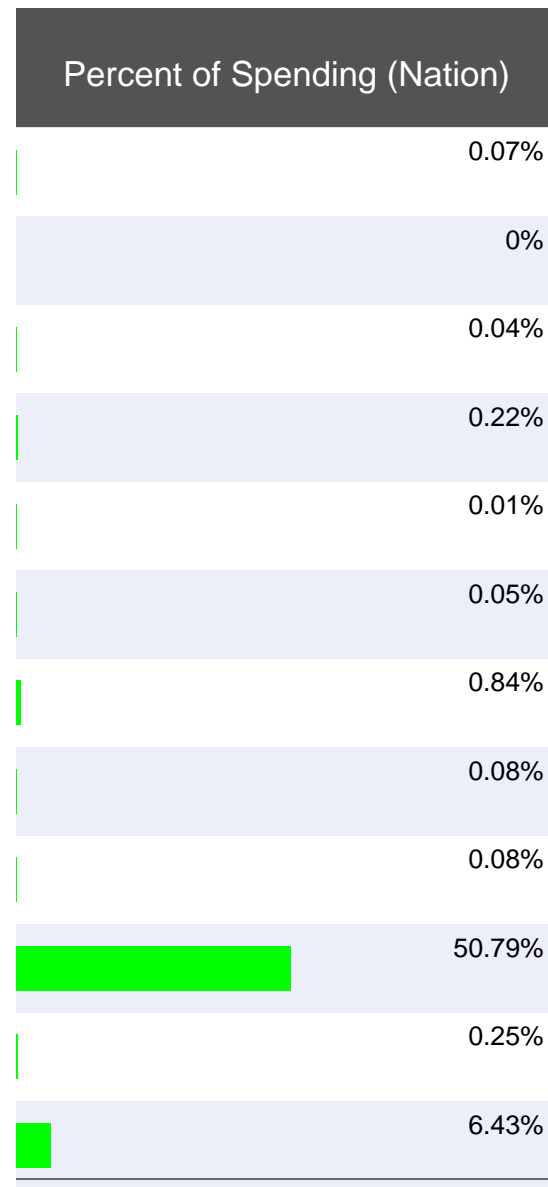
Waiver Hospitals

Based on Spending Breakdown by Claim

| Percent of Spending (Hospital) | Percent of Spending (State) |
|--------------------------------|-----------------------------|
| 0.12% | 0.13% |
| 0.08% | 0.01% |
| 0% | 0.04% |
| 0.04% | 0.24% |
| 0% | 0.01% |
| 0.02% | 0.06% |
| 1.12% | 0.91% |
| 0.19% | 0.09% |
| 0.39% | 0.09% |
| 56.37% | 53.38% |
| 0.18% | 0.29% |
| 4.38% | 4.65% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|---|--------|----|
| HOSPITAL | | |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| MEMORIAL HERMANN BAPTIST ORANGE HOSPITAL | 450005 | TX |
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
| UNIVERSITY OF TEXAS MEDICAL BRANCH | 450018 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| | |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |

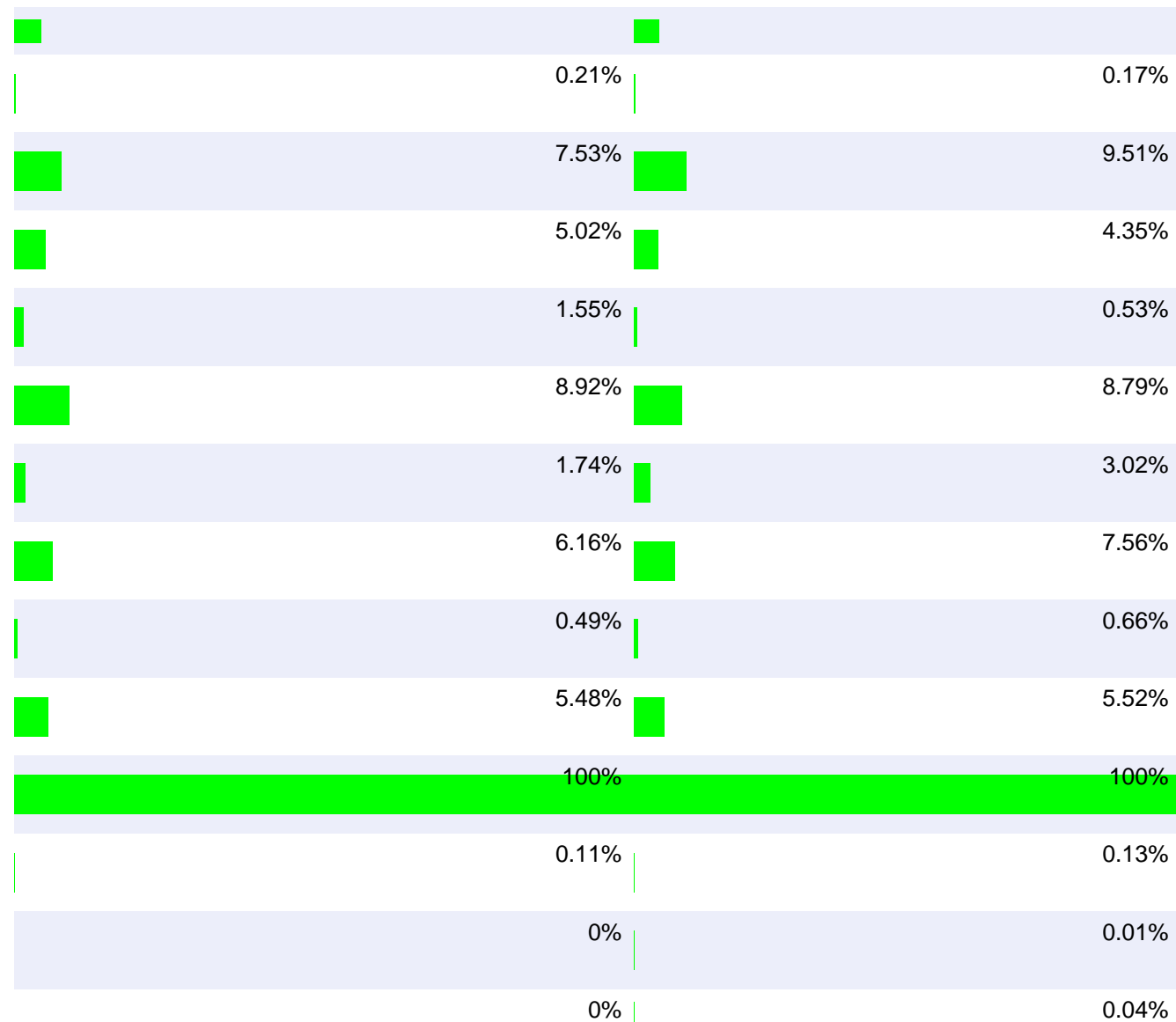
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| | | |
| \$33.00 | \$34.00 | \$27.00 |
| \$1182.00 | \$1911.00 | \$1857.00 |
| \$788.00 | \$874.00 | \$715.00 |
| \$244.00 | \$107.00 | \$88.00 |
| \$1399.00 | \$1766.00 | \$1645.00 |
| \$272.00 | \$606.00 | \$558.00 |
| \$967.00 | \$1518.00 | \$1646.00 |
| \$77.00 | \$132.00 | \$110.00 |
| \$861.00 | \$1108.00 | \$966.00 |
| \$15695.00 | \$20089.00 | \$18506.00 |
| \$22.00 | \$27.00 | \$14.00 |
| \$0.00 | \$2.00 | \$1.00 |
| \$0.00 | \$8.00 | \$7.00 |

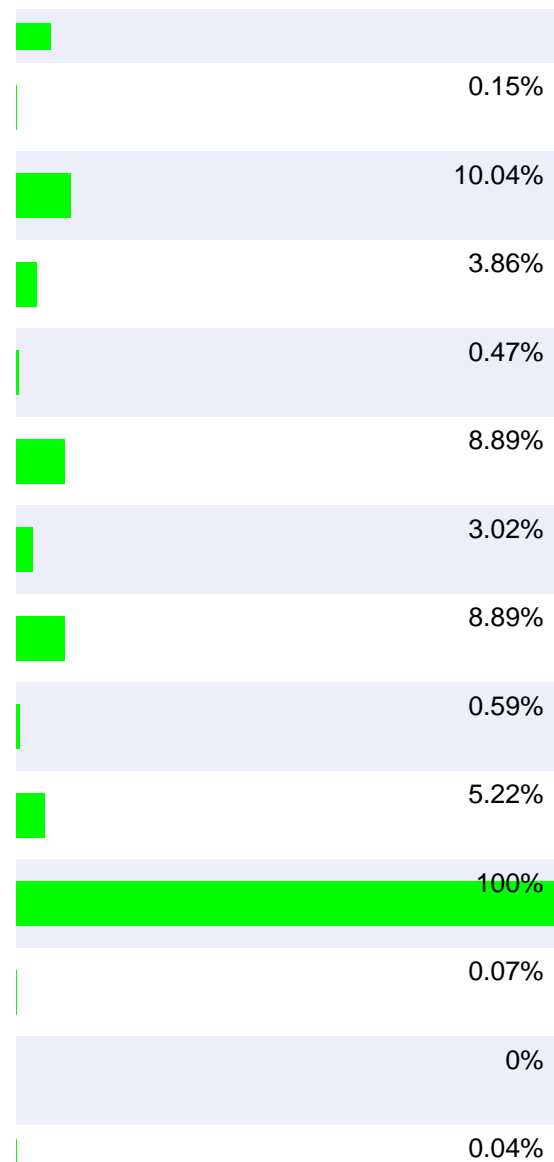
Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

GALVESTON

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|------------------------------------|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH | 450018 | TX |
|------------------------------------|--------|----|

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |

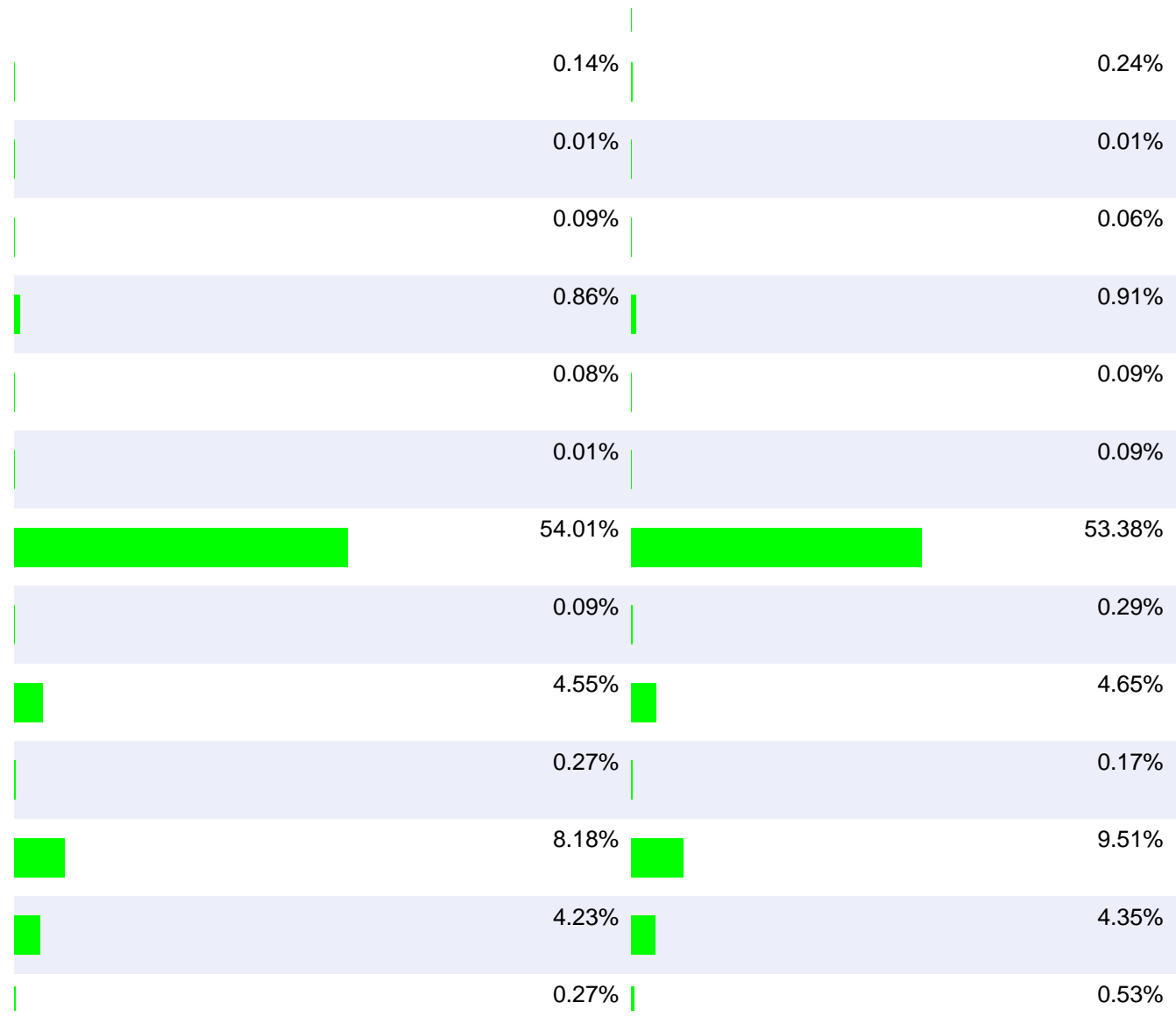
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | | |
|--|------------|------------|-----------|
| | \$28.00 | \$48.00 | \$40.00 |
| | \$2.00 | \$3.00 | \$3.00 |
| | \$18.00 | \$11.00 | \$9.00 |
| | \$172.00 | \$183.00 | \$155.00 |
| | \$16.00 | \$18.00 | \$14.00 |
| | \$2.00 | \$19.00 | \$16.00 |
| | \$10838.00 | \$10723.00 | \$9399.00 |
| | \$19.00 | \$58.00 | \$46.00 |
| | \$912.00 | \$934.00 | \$1190.00 |
| | \$54.00 | \$34.00 | \$27.00 |
| | \$1641.00 | \$1911.00 | \$1857.00 |
| | \$849.00 | \$874.00 | \$715.00 |
| | \$54.00 | \$107.00 | \$88.00 |

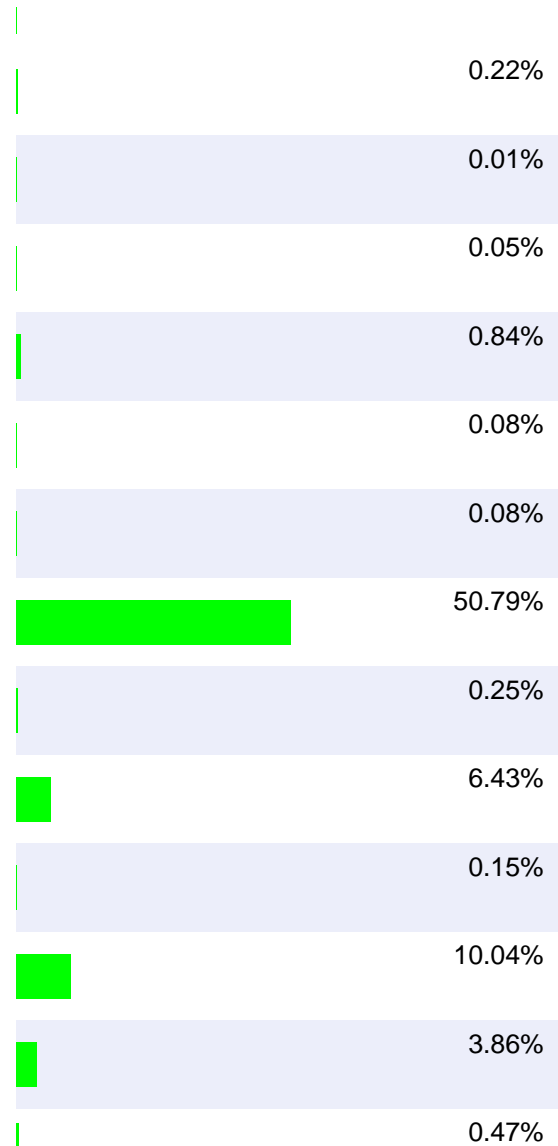
Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

GALVESTON

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| UNIVERSITY OF TEXAS MEDICAL BRANCH GALVESTON | 450018 | TX |
|---|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

| | | |
|---------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
|---------------------------------|--------|----|

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |

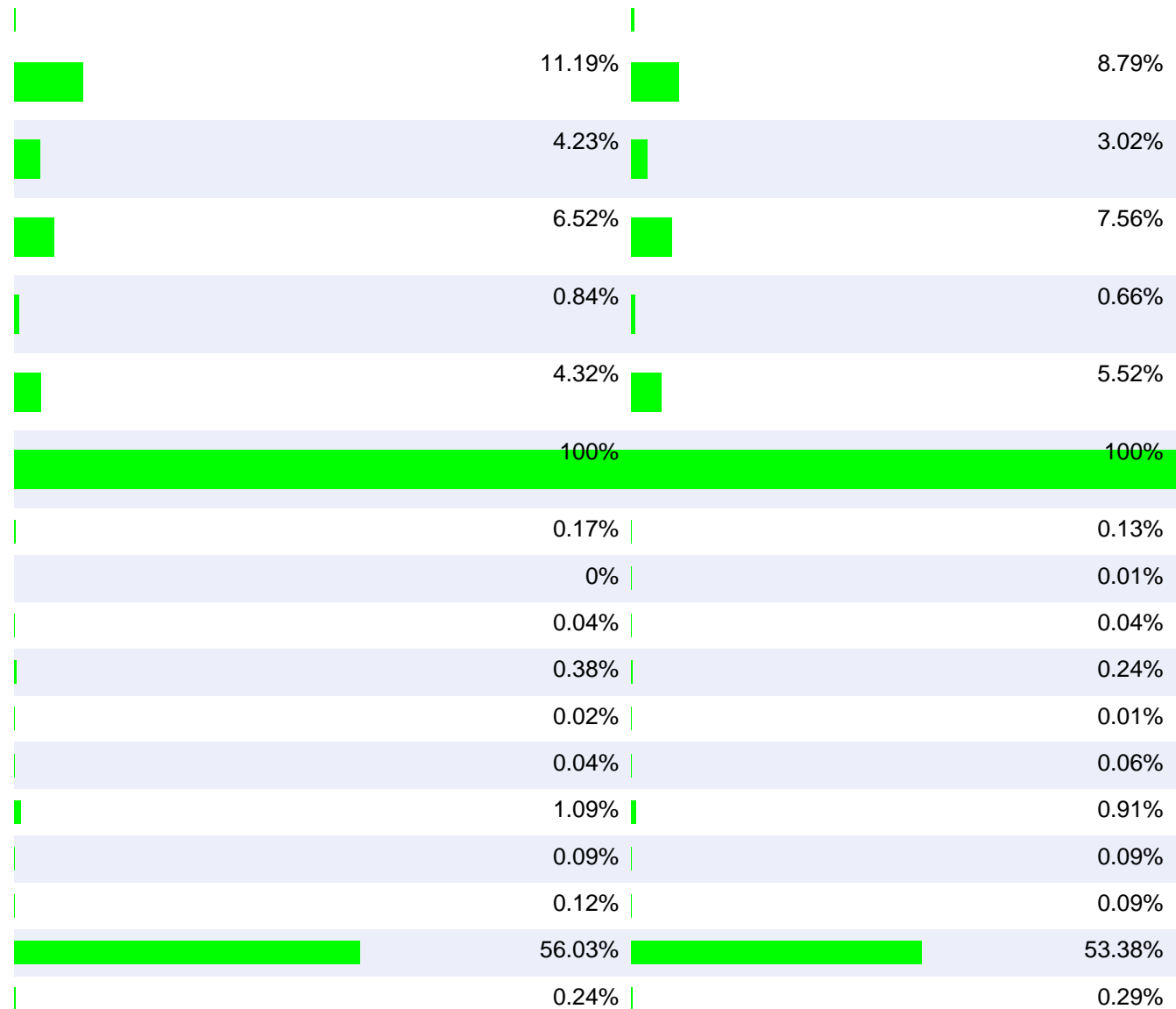
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | | |
|--|------------|------------|------------|
| | \$2246.00 | \$1766.00 | \$1645.00 |
| | \$850.00 | \$606.00 | \$558.00 |
| | \$1308.00 | \$1518.00 | \$1646.00 |
| | \$168.00 | \$132.00 | \$110.00 |
| | \$867.00 | \$1108.00 | \$966.00 |
| | \$20065.00 | \$20089.00 | \$18506.00 |
| | \$32.00 | \$27.00 | \$14.00 |
| | \$0.00 | \$2.00 | \$1.00 |
| | \$8.00 | \$8.00 | \$7.00 |
| | \$72.00 | \$48.00 | \$40.00 |
| | \$4.00 | \$3.00 | \$3.00 |
| | \$8.00 | \$11.00 | \$9.00 |
| | \$207.00 | \$183.00 | \$155.00 |
| | \$18.00 | \$18.00 | \$14.00 |
| | \$23.00 | \$19.00 | \$16.00 |
| | \$10668.00 | \$10723.00 | \$9399.00 |
| | \$47.00 | \$58.00 | \$46.00 |

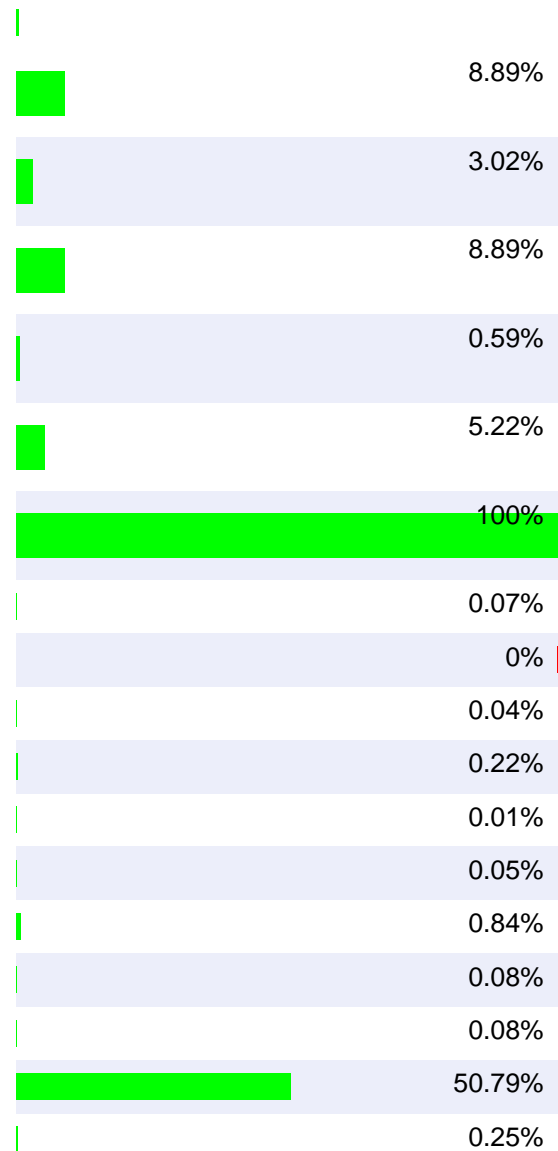
Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|-----------------------------------|--------|----|
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| CHRISTUS ST. ELIZABETH HOSPITAL | 450034 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| \$598.00 | \$934.00 | \$1190.00 |
| \$27.00 | \$34.00 | \$27.00 |
| \$1950.00 | \$1911.00 | \$1857.00 |
| \$897.00 | \$874.00 | \$715.00 |
| \$163.00 | \$107.00 | \$88.00 |
| \$1548.00 | \$1766.00 | \$1645.00 |
| \$497.00 | \$606.00 | \$558.00 |
| \$1096.00 | \$1518.00 | \$1646.00 |
| \$125.00 | \$132.00 | \$110.00 |
| \$1054.00 | \$1108.00 | \$966.00 |
| \$19040.00 | \$20089.00 | \$18506.00 |
| \$32.00 | \$27.00 | \$14.00 |
| \$0.00 | \$2.00 | \$1.00 |
| \$0.00 | \$8.00 | \$7.00 |
| \$23.00 | \$48.00 | \$40.00 |
| \$3.00 | \$3.00 | \$3.00 |
| \$8.00 | \$11.00 | \$9.00 |
| \$219.00 | \$183.00 | \$155.00 |
| \$33.00 | \$18.00 | \$14.00 |
| \$17.00 | \$19.00 | \$16.00 |
| \$7622.00 | \$10723.00 | \$9399.00 |

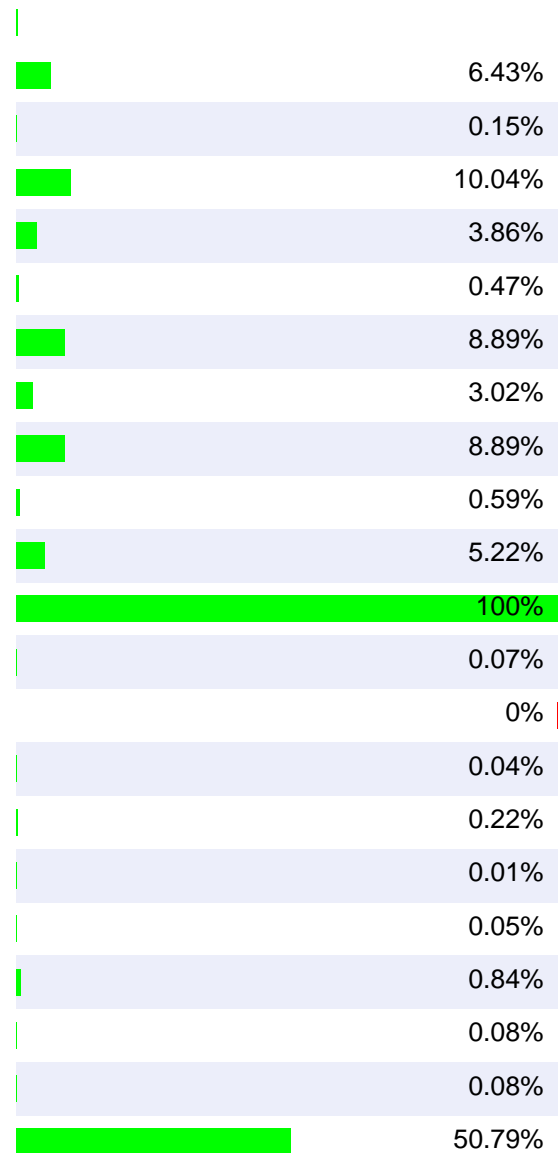
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|--|--------|--------|
| | 3.14% | 4.65% |
| | 0.14% | 0.17% |
| | 10.24% | 9.51% |
| | 4.71% | 4.35% |
| | 0.85% | 0.53% |
| | 8.13% | 8.79% |
| | 2.61% | 3.02% |
| | 5.76% | 7.56% |
| | 0.66% | 0.66% |
| | 5.54% | 5.52% |
| | 100% | 100% |
| | 0.21% | 0.13% |
| | 0% | 0.01% |
| | 0% | 0.04% |
| | 0.15% | 0.24% |
| | 0.02% | 0.01% |
| | 0.05% | 0.06% |
| | 1.45% | 0.91% |
| | 0.22% | 0.09% |
| | 0.11% | 0.09% |
| | 50.57% | 53.38% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|-----------------------------------|--------|----|
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| BRAZOSPORT REGIONAL HEALTH SYSTEM | 450072 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| \$33.00 | \$58.00 | \$46.00 |
| \$717.00 | \$934.00 | \$1190.00 |
| \$23.00 | \$34.00 | \$27.00 |
| \$1235.00 | \$1911.00 | \$1857.00 |
| \$792.00 | \$874.00 | \$715.00 |
| \$134.00 | \$107.00 | \$88.00 |
| \$1515.00 | \$1766.00 | \$1645.00 |
| \$560.00 | \$606.00 | \$558.00 |
| \$1014.00 | \$1518.00 | \$1646.00 |
| \$103.00 | \$132.00 | \$110.00 |
| \$990.00 | \$1108.00 | \$966.00 |
| \$15072.00 | \$20089.00 | \$18506.00 |
| \$38.00 | \$27.00 | \$14.00 |
| \$0.00 | \$2.00 | \$1.00 |
| \$0.00 | \$8.00 | \$7.00 |
| \$13.00 | \$48.00 | \$40.00 |
| \$12.00 | \$3.00 | \$3.00 |
| \$14.00 | \$11.00 | \$9.00 |
| \$180.00 | \$183.00 | \$155.00 |
| \$18.00 | \$18.00 | \$14.00 |
| \$3.00 | \$19.00 | \$16.00 |

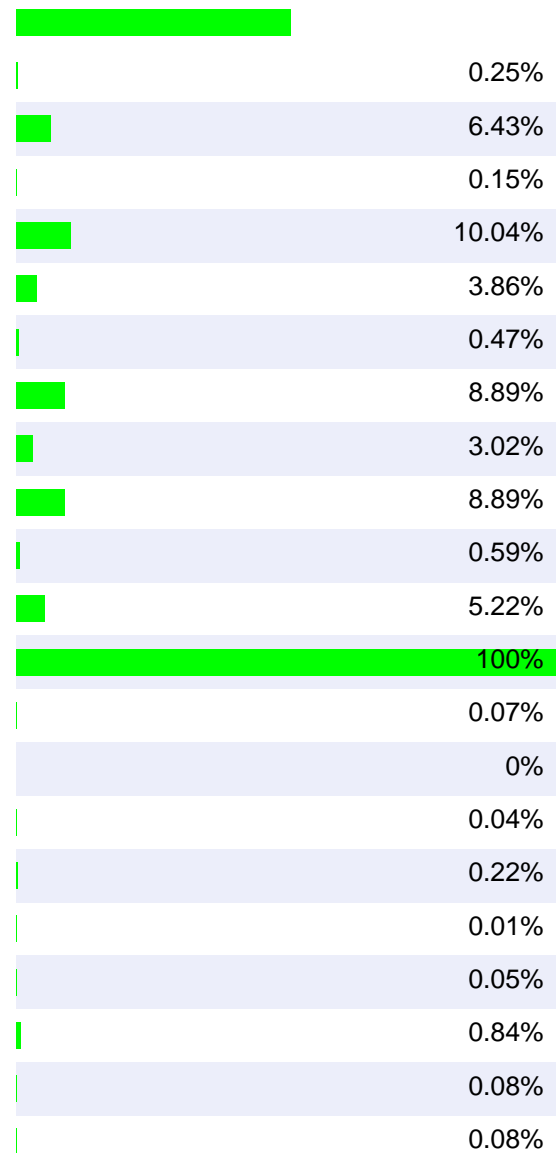
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|--|--------|-------|
| | | |
| | 0.22% | 0.29% |
| | 4.76% | 4.65% |
| | 0.15% | 0.17% |
| | 8.19% | 9.51% |
| | 5.25% | 4.35% |
| | 0.89% | 0.53% |
| | 10.05% | 8.79% |
| | 3.72% | 3.02% |
| | 6.72% | 7.56% |
| | 0.68% | 0.66% |
| | 6.57% | 5.52% |
| | 100% | 100% |
| | 0.23% | 0.13% |
| | 0% | 0.01% |
| | 0% | 0.04% |
| | 0.08% | 0.24% |
| | 0.07% | 0.01% |
| | 0.08% | 0.06% |
| | 1.06% | 0.91% |
| | 0.11% | 0.09% |
| | 0.02% | 0.09% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|---|--------|----|
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| CLEVELAND REGIONAL MEDICAL CTR | 450296 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT | 450346 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| \$8259.00 | \$10723.00 | \$9399.00 |
| \$5.00 | \$58.00 | \$46.00 |
| \$896.00 | \$934.00 | \$1190.00 |
| \$24.00 | \$34.00 | \$27.00 |
| \$1188.00 | \$1911.00 | \$1857.00 |
| \$689.00 | \$874.00 | \$715.00 |
| \$66.00 | \$107.00 | \$88.00 |
| \$1523.00 | \$1766.00 | \$1645.00 |
| \$360.00 | \$606.00 | \$558.00 |
| \$2247.00 | \$1518.00 | \$1646.00 |
| \$107.00 | \$132.00 | \$110.00 |
| \$1325.00 | \$1108.00 | \$966.00 |
| \$16966.00 | \$20089.00 | \$18506.00 |
| \$22.00 | \$27.00 | \$14.00 |
| \$5.00 | \$2.00 | \$1.00 |
| \$15.00 | \$8.00 | \$7.00 |
| \$49.00 | \$48.00 | \$40.00 |
| \$3.00 | \$3.00 | \$3.00 |

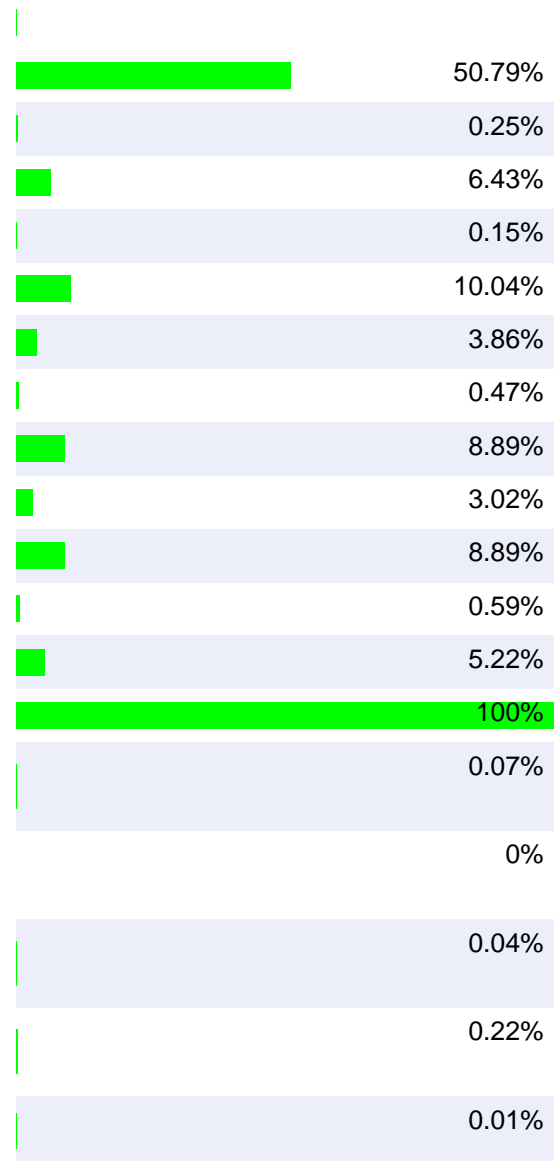
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|--|--------|--------|
| | | |
| | 48.68% | 53.38% |
| | 0.03% | 0.29% |
| | 5.28% | 4.65% |
| | 0.14% | 0.17% |
| | 7% | 9.51% |
| | 4.06% | 4.35% |
| | 0.39% | 0.53% |
| | 8.98% | 8.79% |
| | 2.12% | 3.02% |
| | 13.25% | 7.56% |
| | 0.63% | 0.66% |
| | 7.81% | 5.52% |
| | 100% | 100% |
| | 0.12% | 0.13% |
| | 0.03% | 0.01% |
| | 0.08% | 0.04% |
| | 0.27% | 0.24% |
| | 0.01% | 0.01% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| HOSPITAL | | |
|---|--------|----|
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |

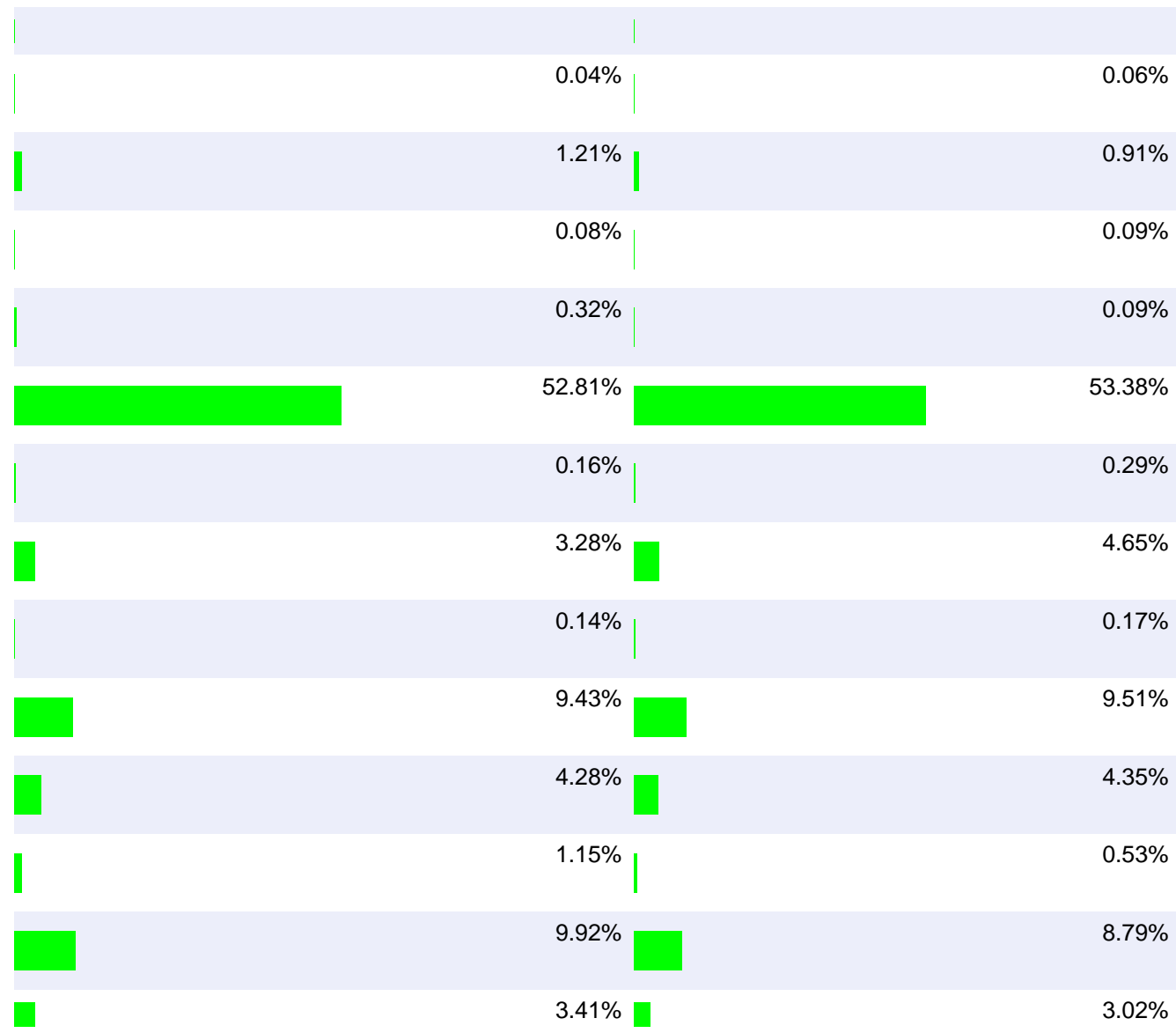
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|-----------|------------|-----------|
| | | |
| \$7.00 | \$11.00 | \$9.00 |
| \$222.00 | \$183.00 | \$155.00 |
| \$14.00 | \$18.00 | \$14.00 |
| \$59.00 | \$19.00 | \$16.00 |
| \$9711.00 | \$10723.00 | \$9399.00 |
| \$30.00 | \$58.00 | \$46.00 |
| \$603.00 | \$934.00 | \$1190.00 |
| \$26.00 | \$34.00 | \$27.00 |
| \$1734.00 | \$1911.00 | \$1857.00 |
| \$788.00 | \$874.00 | \$715.00 |
| \$212.00 | \$107.00 | \$88.00 |
| \$1823.00 | \$1766.00 | \$1645.00 |
| \$626.00 | \$606.00 | \$558.00 |

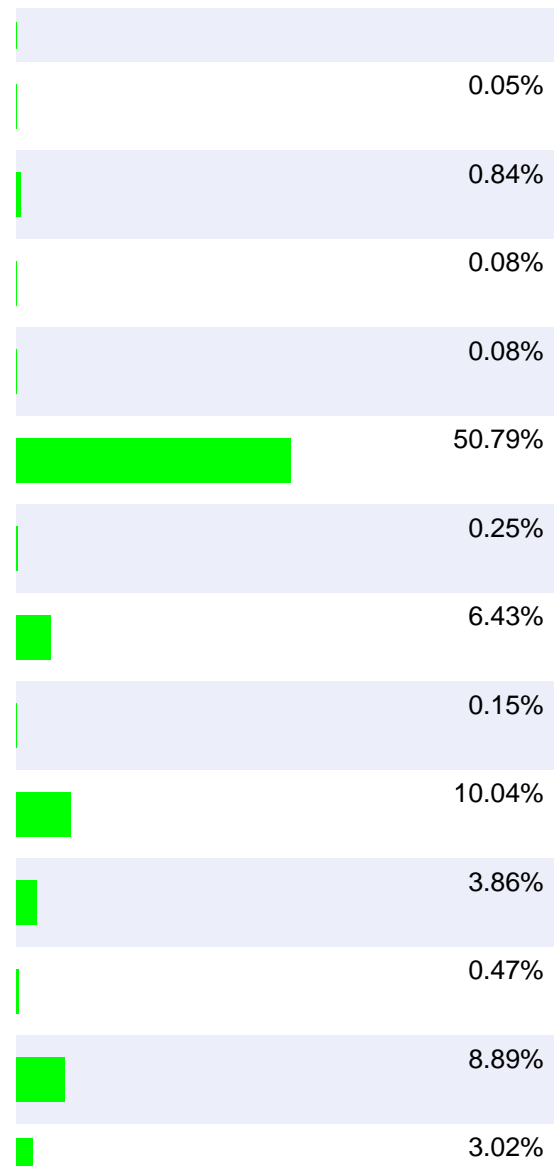
Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

HOSPITAL

| | | |
|---|--------|----|
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
|---|--------|----|

| | | |
|---|--------|----|
| MEMORIAL HERMANN BAPTIST BEAUMONT HOSPITAL | 450346 | TX |
|---|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
|------------------------------------|--------|----|

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |

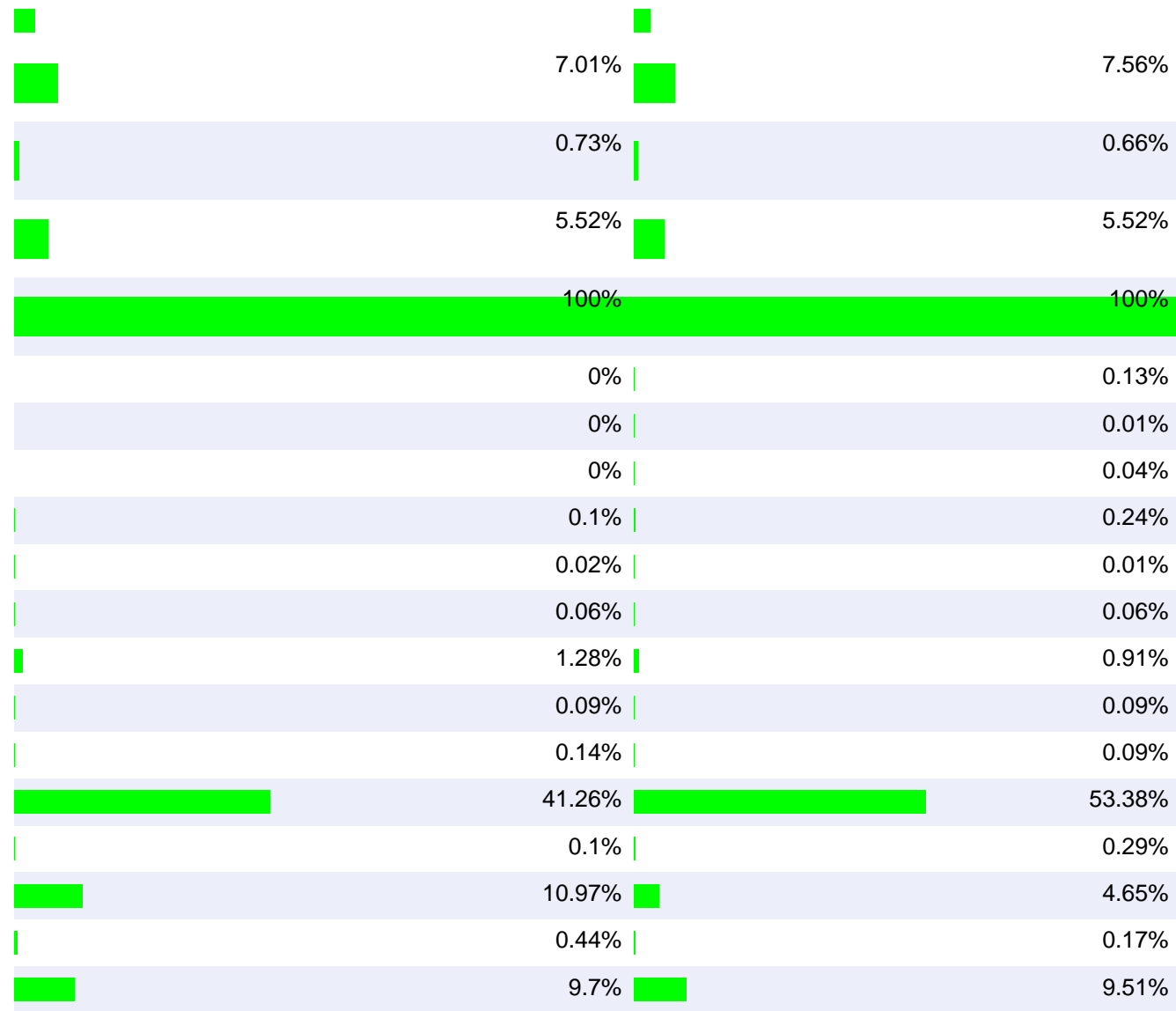
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | | |
|--|------------|------------|------------|
| | \$1288.00 | \$1518.00 | \$1646.00 |
| | \$135.00 | \$132.00 | \$110.00 |
| | \$1016.00 | \$1108.00 | \$966.00 |
| | \$18388.00 | \$20089.00 | \$18506.00 |
| | \$0.00 | \$27.00 | \$14.00 |
| | \$0.00 | \$2.00 | \$1.00 |
| | \$0.00 | \$8.00 | \$7.00 |
| | \$16.00 | \$48.00 | \$40.00 |
| | \$3.00 | \$3.00 | \$3.00 |
| | \$10.00 | \$11.00 | \$9.00 |
| | \$212.00 | \$183.00 | \$155.00 |
| | \$15.00 | \$18.00 | \$14.00 |
| | \$24.00 | \$19.00 | \$16.00 |
| | \$6849.00 | \$10723.00 | \$9399.00 |
| | \$16.00 | \$58.00 | \$46.00 |
| | \$1821.00 | \$934.00 | \$1190.00 |
| | \$72.00 | \$34.00 | \$27.00 |
| | \$1610.00 | \$1911.00 | \$1857.00 |

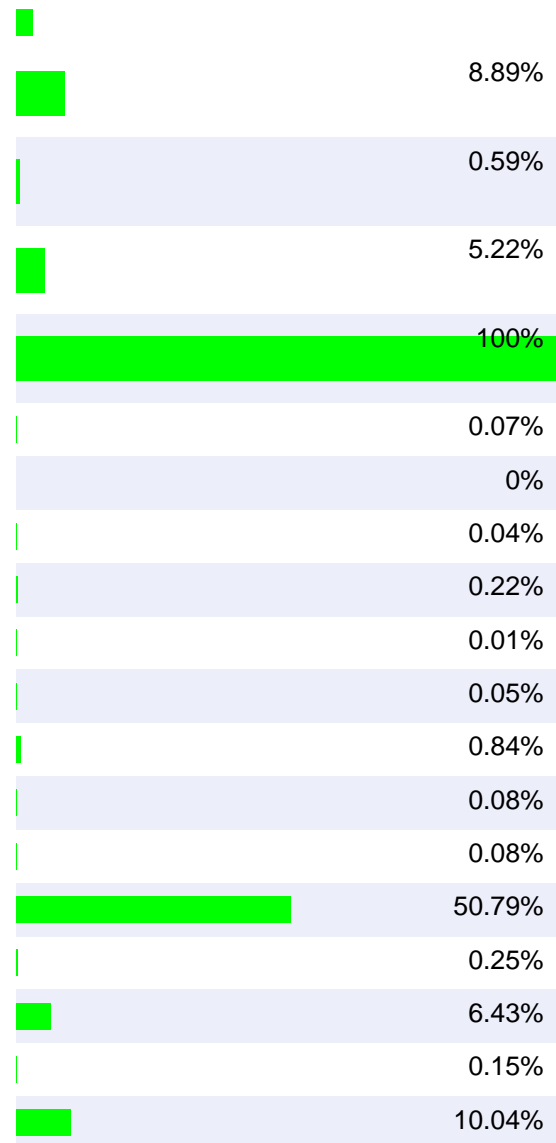
Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------------------------------|--------|----|
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| MEMORIAL MEDICAL CENTER LIVINGSTON | 450395 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |









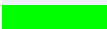





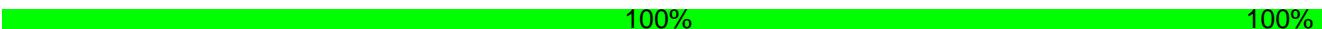





























Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| \$908.00 | \$874.00 | \$715.00 |
| \$105.00 | \$107.00 | \$88.00 |
| \$1099.00 | \$1766.00 | \$1645.00 |
| \$403.00 | \$606.00 | \$558.00 |
| \$2453.00 | \$1518.00 | \$1646.00 |
| \$95.00 | \$132.00 | \$110.00 |
| \$889.00 | \$1108.00 | \$966.00 |
| \$16599.00 | \$20089.00 | \$18506.00 |
| \$23.00 | \$27.00 | \$14.00 |
| \$0.00 | \$2.00 | \$1.00 |
| \$0.00 | \$8.00 | \$7.00 |
| \$13.00 | \$48.00 | \$40.00 |
| \$0.00 | \$3.00 | \$3.00 |
| \$6.00 | \$11.00 | \$9.00 |
| \$113.00 | \$183.00 | \$155.00 |
| \$2.00 | \$18.00 | \$14.00 |
| \$29.00 | \$19.00 | \$16.00 |
| \$4748.00 | \$10723.00 | \$9399.00 |
| \$41.00 | \$58.00 | \$46.00 |
| \$1408.00 | \$934.00 | \$1190.00 |
| \$16.00 | \$34.00 | \$27.00 |
| \$578.00 | \$1911.00 | \$1857.00 |

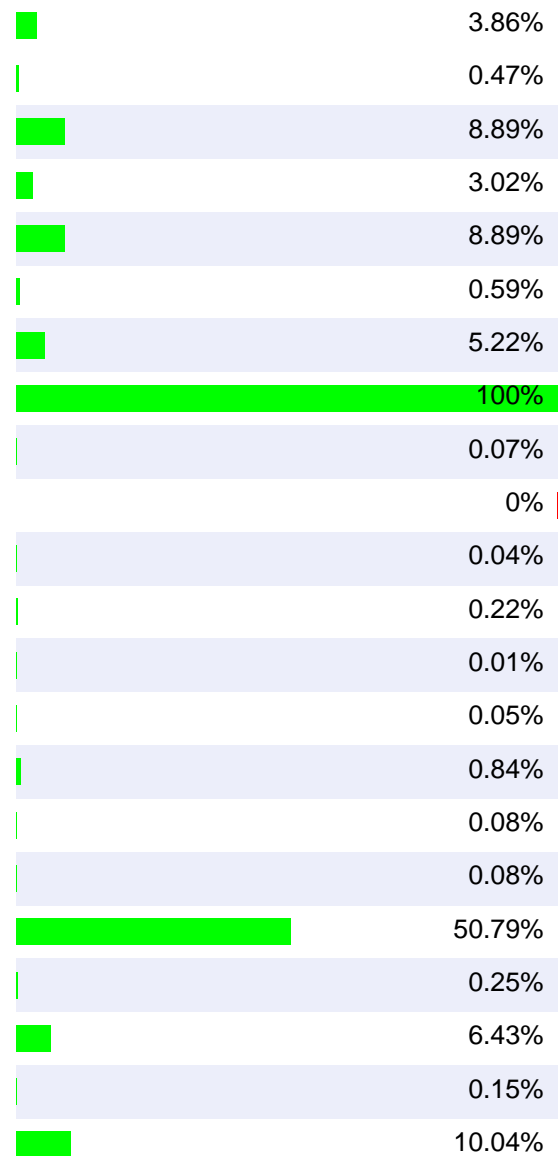
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | | |
|---|--------|--|--------|
|  | 5.47% |  | 4.35% |
|  | 0.63% |  | 0.53% |
|  | 6.62% |  | 8.79% |
|  | 2.42% |  | 3.02% |
|  | 14.78% |  | 7.56% |
|  | 0.57% |  | 0.66% |
|  | 5.35% |  | 5.52% |
|  | 100% |  | 100% |
|  | 0.18% |  | 0.13% |
|  | 0% |  | 0.01% |
|  | 0% |  | 0.04% |
|  | 0.1% |  | 0.24% |
|  | 0% |  | 0.01% |
|  | 0.04% |  | 0.06% |
|  | 0.88% |  | 0.91% |
|  | 0.01% |  | 0.09% |
|  | 0.23% |  | 0.09% |
|  | 37.07% |  | 53.38% |
|  | 0.32% |  | 0.29% |
|  | 10.99% |  | 4.65% |
|  | 0.12% |  | 0.17% |
|  | 4.51% |  | 9.51% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|---------------------------------|--------|----|
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| TYLER COUNTY HOSPITAL | 450460 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | | | |
|--|------------|------------|------------|
| | \$664.00 | \$874.00 | \$715.00 |
| | \$233.00 | \$107.00 | \$88.00 |
| | \$1207.00 | \$1766.00 | \$1645.00 |
| | \$364.00 | \$606.00 | \$558.00 |
| | \$2580.00 | \$1518.00 | \$1646.00 |
| | \$132.00 | \$132.00 | \$110.00 |
| | \$655.00 | \$1108.00 | \$966.00 |
| | \$12810.00 | \$20089.00 | \$18506.00 |
| | \$55.00 | \$27.00 | \$14.00 |
| | \$2.00 | \$2.00 | \$1.00 |
| | \$4.00 | \$8.00 | \$7.00 |
| | \$27.00 | \$48.00 | \$40.00 |
| | \$1.00 | \$3.00 | \$3.00 |
| | \$9.00 | \$11.00 | \$9.00 |
| | \$134.00 | \$183.00 | \$155.00 |
| | \$19.00 | \$18.00 | \$14.00 |
| | \$7.00 | \$19.00 | \$16.00 |
| | \$8895.00 | \$10723.00 | \$9399.00 |
| | \$34.00 | \$58.00 | \$46.00 |
| | \$1242.00 | \$934.00 | \$1190.00 |
| | \$29.00 | \$34.00 | \$27.00 |

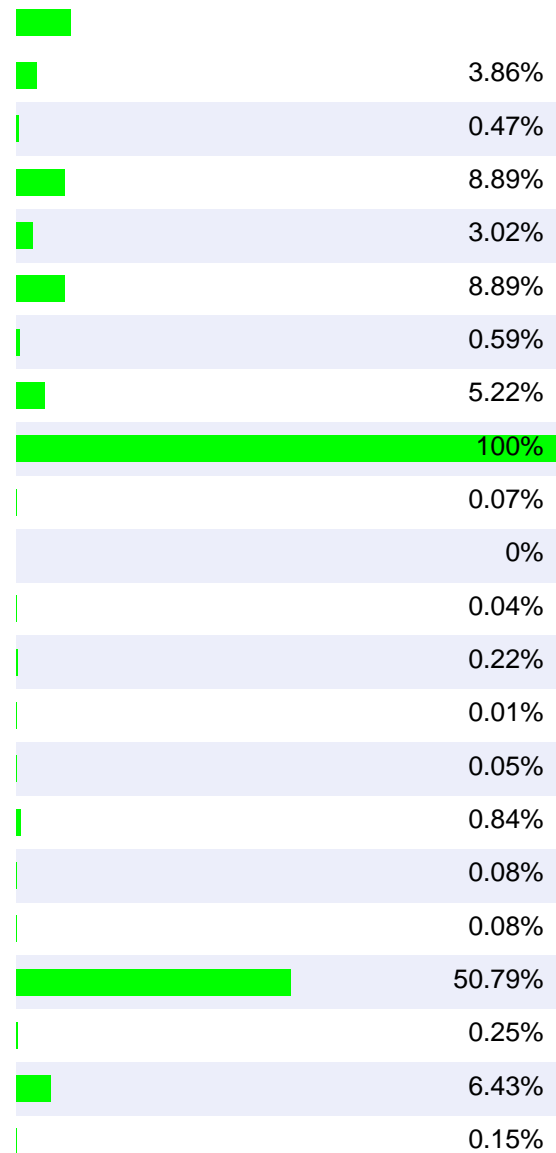
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|--|--------|--------|
| | | |
| | 5.18% | 4.35% |
| | 1.82% | 0.53% |
| | 9.42% | 8.79% |
| | 2.84% | 3.02% |
| | 20.14% | 7.56% |
| | 1.03% | 0.66% |
| | 5.11% | 5.52% |
| | 100% | 100% |
| | 0.32% | 0.13% |
| | 0.01% | 0.01% |
| | 0.02% | 0.04% |
| | 0.15% | 0.24% |
| | 0.01% | 0.01% |
| | 0.05% | 0.06% |
| | 0.77% | 0.91% |
| | 0.11% | 0.09% |
| | 0.04% | 0.09% |
| | 51.3% | 53.38% |
| | 0.2% | 0.29% |
| | 7.16% | 4.65% |
| | 0.17% | 0.17% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|---------------------------------------|--------|----|
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| WOODLAND HEIGHTS MEDICAL CENTER | 450484 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | | | |
|--|------------|------------|------------|
| | \$1848.00 | \$1911.00 | \$1857.00 |
| | \$786.00 | \$874.00 | \$715.00 |
| | \$55.00 | \$107.00 | \$88.00 |
| | \$1146.00 | \$1766.00 | \$1645.00 |
| | \$444.00 | \$606.00 | \$558.00 |
| | \$1639.00 | \$1518.00 | \$1646.00 |
| | \$142.00 | \$132.00 | \$110.00 |
| | \$821.00 | \$1108.00 | \$966.00 |
| | \$17340.00 | \$20089.00 | \$18506.00 |
| | \$58.00 | \$27.00 | \$14.00 |
| | \$0.00 | \$2.00 | \$1.00 |
| | \$6.00 | \$8.00 | \$7.00 |
| | \$43.00 | \$48.00 | \$40.00 |
| | \$3.00 | \$3.00 | \$3.00 |
| | \$7.00 | \$11.00 | \$9.00 |
| | \$203.00 | \$183.00 | \$155.00 |
| | \$18.00 | \$18.00 | \$14.00 |
| | \$9.00 | \$19.00 | \$16.00 |
| | \$9307.00 | \$10723.00 | \$9399.00 |
| | \$24.00 | \$58.00 | \$46.00 |
| | \$783.00 | \$934.00 | \$1190.00 |

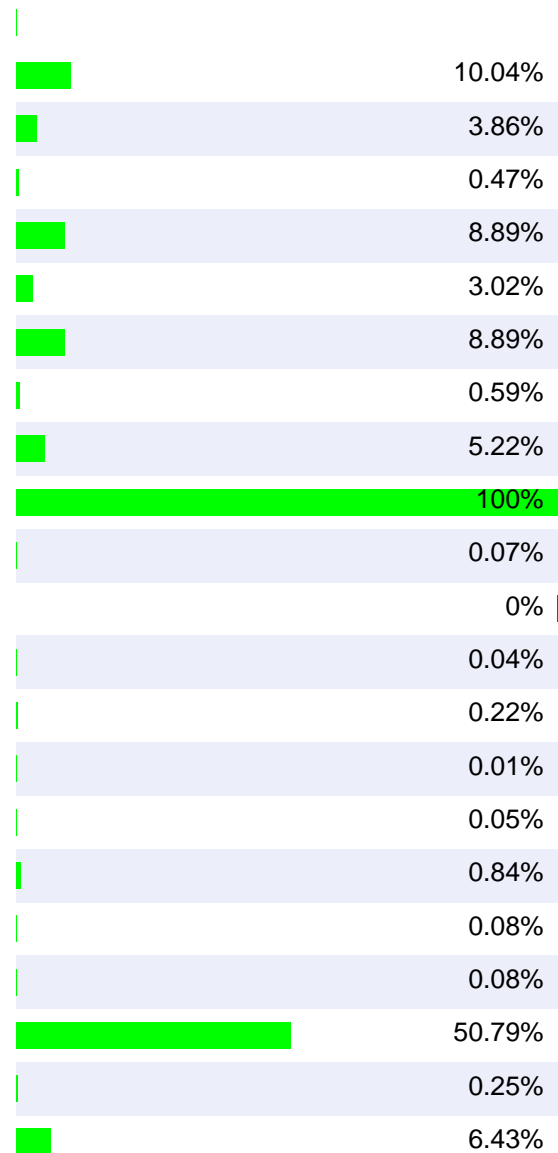
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|--|--------|--------|
| | 10.66% | 9.51% |
| | 4.53% | 4.35% |
| | 0.32% | 0.53% |
| | 6.61% | 8.79% |
| | 2.56% | 3.02% |
| | 9.45% | 7.56% |
| | 0.82% | 0.66% |
| | 4.73% | 5.52% |
| | 100% | 100% |
| | 0.32% | 0.13% |
| | 0% | 0.01% |
| | 0.03% | 0.04% |
| | 0.24% | 0.24% |
| | 0.02% | 0.01% |
| | 0.04% | 0.06% |
| | 1.12% | 0.91% |
| | 0.1% | 0.09% |
| | 0.05% | 0.09% |
| | 51.37% | 53.38% |
| | 0.13% | 0.29% |
| | 4.32% | 4.65% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|---------------------------------------|--------|----|
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| THE MEDICAL CENTER OF SOUTHEAST TEXAS | 450518 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |

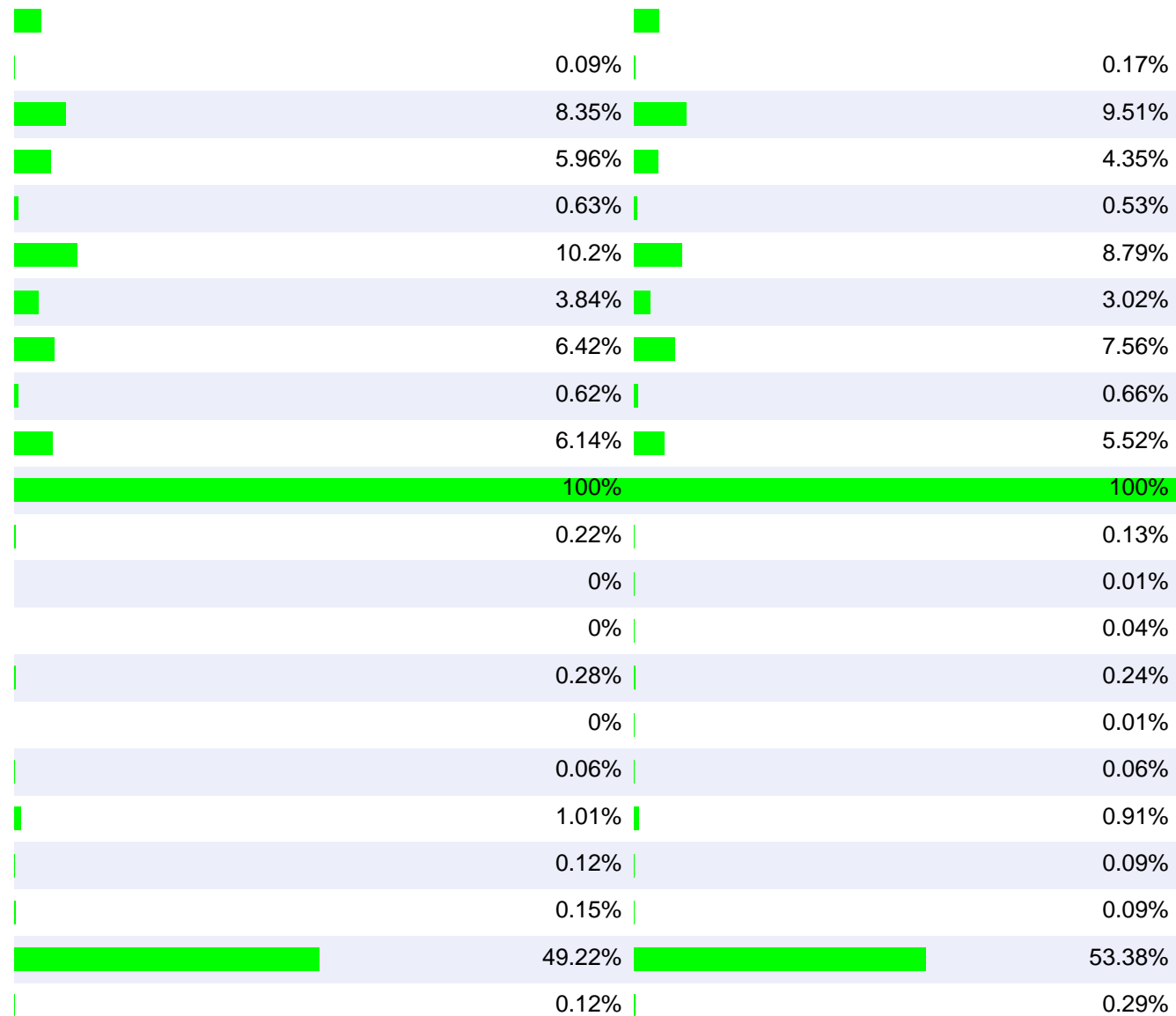
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| \$17.00 | \$34.00 | \$27.00 |
| \$1513.00 | \$1911.00 | \$1857.00 |
| \$1080.00 | \$874.00 | \$715.00 |
| \$114.00 | \$107.00 | \$88.00 |
| \$1848.00 | \$1766.00 | \$1645.00 |
| \$696.00 | \$606.00 | \$558.00 |
| \$1163.00 | \$1518.00 | \$1646.00 |
| \$112.00 | \$132.00 | \$110.00 |
| \$1112.00 | \$1108.00 | \$966.00 |
| \$18117.00 | \$20089.00 | \$18506.00 |
| \$34.00 | \$27.00 | \$14.00 |
| \$0.00 | \$2.00 | \$1.00 |
| \$0.00 | \$8.00 | \$7.00 |
| \$42.00 | \$48.00 | \$40.00 |
| \$0.00 | \$3.00 | \$3.00 |
| \$9.00 | \$11.00 | \$9.00 |
| \$153.00 | \$183.00 | \$155.00 |
| \$19.00 | \$18.00 | \$14.00 |
| \$23.00 | \$19.00 | \$16.00 |
| \$7469.00 | \$10723.00 | \$9399.00 |
| \$18.00 | \$58.00 | \$46.00 |

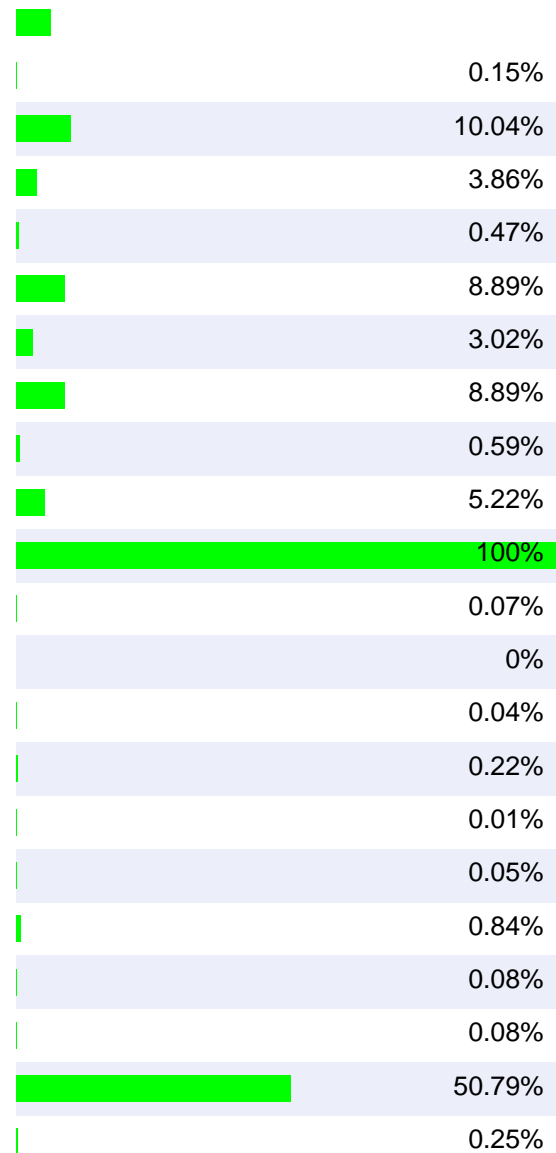
Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|-----------------------------------|--------|----|
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| CHRISTUS JASPER MEMORIAL HOSPITAL | 450573 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |
| During Index Hospital Admission | Inpatient |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| \$595.00 | \$934.00 | \$1190.00 |
| \$20.00 | \$34.00 | \$27.00 |
| \$891.00 | \$1911.00 | \$1857.00 |
| \$1070.00 | \$874.00 | \$715.00 |
| \$211.00 | \$107.00 | \$88.00 |
| \$1858.00 | \$1766.00 | \$1645.00 |
| \$387.00 | \$606.00 | \$558.00 |
| \$1352.00 | \$1518.00 | \$1646.00 |
| \$128.00 | \$132.00 | \$110.00 |
| \$895.00 | \$1108.00 | \$966.00 |
| \$15174.00 | \$20089.00 | \$18506.00 |
| \$3.00 | \$27.00 | \$14.00 |
| \$0.00 | \$2.00 | \$1.00 |
| \$0.00 | \$8.00 | \$7.00 |
| \$35.00 | \$48.00 | \$40.00 |
| \$0.00 | \$3.00 | \$3.00 |
| \$6.00 | \$11.00 | \$9.00 |
| \$135.00 | \$183.00 | \$155.00 |
| \$42.00 | \$18.00 | \$14.00 |
| \$6.00 | \$19.00 | \$16.00 |
| \$8453.00 | \$10723.00 | \$9399.00 |

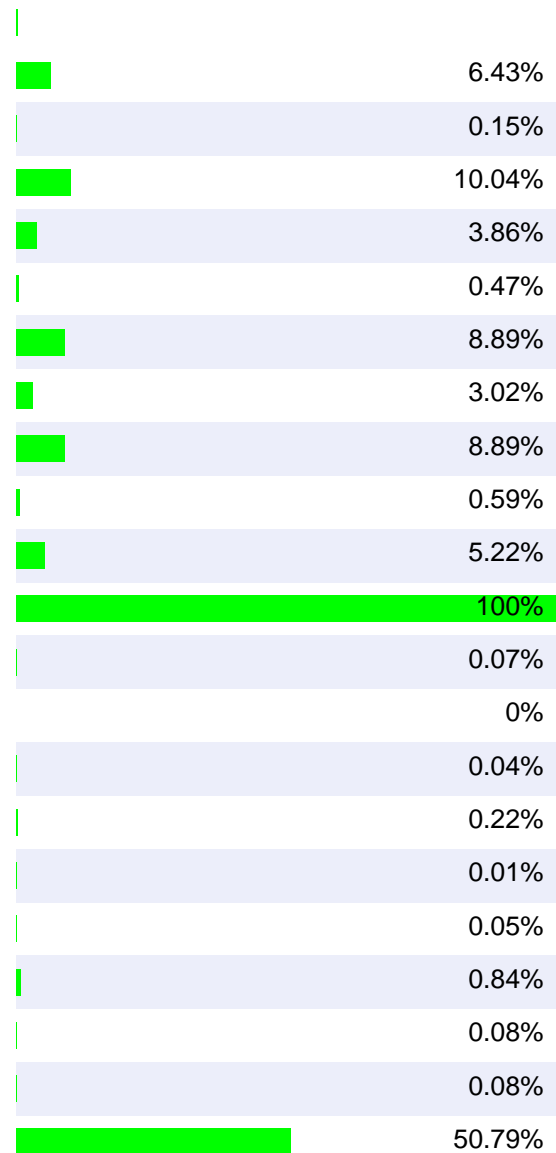
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|--|--------|--------|
| | 3.92% | 4.65% |
| | 0.13% | 0.17% |
| | 5.87% | 9.51% |
| | 7.05% | 4.35% |
| | 1.39% | 0.53% |
| | 12.24% | 8.79% |
| | 2.55% | 3.02% |
| | 8.91% | 7.56% |
| | 0.84% | 0.66% |
| | 5.9% | 5.52% |
| | 100% | 100% |
| | 0.02% | 0.13% |
| | 0% | 0.01% |
| | 0% | 0.04% |
| | 0.22% | 0.24% |
| | 0% | 0.01% |
| | 0.04% | 0.06% |
| | 0.83% | 0.91% |
| | 0.26% | 0.09% |
| | 0.04% | 0.09% |
| | 52.18% | 53.38% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|---------------------------------|--------|----|
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| ANGLETON-DANBURY MEDICAL CENTER | 450591 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |
| 1 to 3 days Prior to Index Hospital Admission | Home Health Agency |
| 1 to 3 days Prior to Index Hospital Admission | Hospice |
| 1 to 3 days Prior to Index Hospital Admission | Inpatient |
| 1 to 3 days Prior to Index Hospital Admission | Outpatient |
| 1 to 3 days Prior to Index Hospital Admission | Skilled Nursing Facility |
| 1 to 3 days Prior to Index Hospital Admission | Durable Medical Equipment |
| 1 to 3 days Prior to Index Hospital Admission | Carrier |
| During Index Hospital Admission | Home Health Agency |
| During Index Hospital Admission | Hospice |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|------------|------------|------------|
| \$28.00 | \$58.00 | \$46.00 |
| \$769.00 | \$934.00 | \$1190.00 |
| \$11.00 | \$34.00 | \$27.00 |
| \$1218.00 | \$1911.00 | \$1857.00 |
| \$921.00 | \$874.00 | \$715.00 |
| \$59.00 | \$107.00 | \$88.00 |
| \$1323.00 | \$1766.00 | \$1645.00 |
| \$604.00 | \$606.00 | \$558.00 |
| \$1657.00 | \$1518.00 | \$1646.00 |
| \$69.00 | \$132.00 | \$110.00 |
| \$863.00 | \$1108.00 | \$966.00 |
| \$16200.00 | \$20089.00 | \$18506.00 |
| \$46.00 | \$27.00 | \$14.00 |
| \$0.00 | \$2.00 | \$1.00 |
| \$5.00 | \$8.00 | \$7.00 |
| \$60.00 | \$48.00 | \$40.00 |
| \$1.00 | \$3.00 | \$3.00 |
| \$12.00 | \$11.00 | \$9.00 |
| \$127.00 | \$183.00 | \$155.00 |
| \$23.00 | \$18.00 | \$14.00 |
| \$15.00 | \$19.00 | \$16.00 |

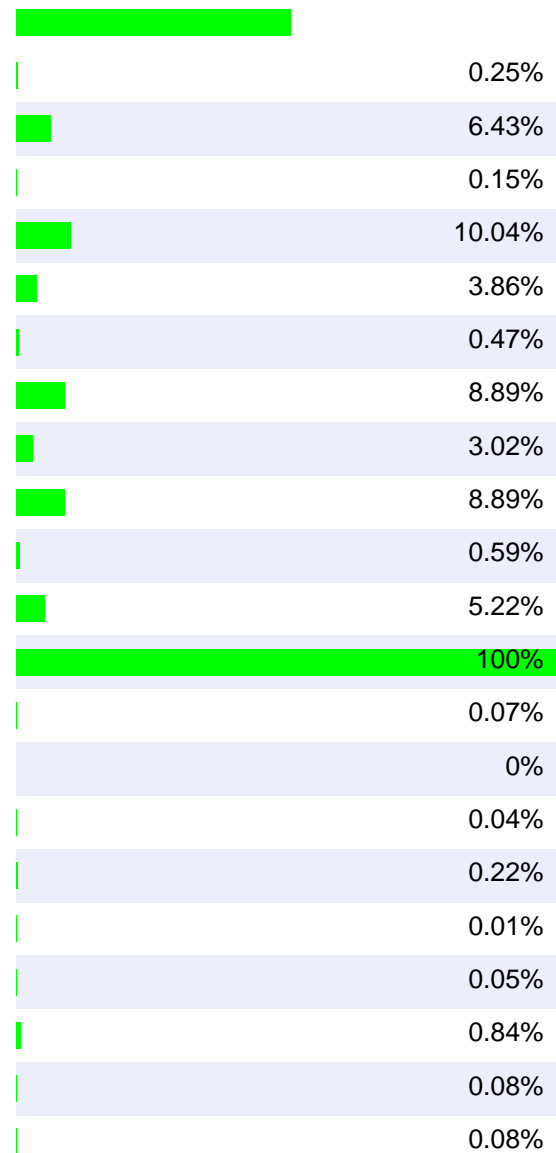
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|--|--------|-------|
| | | |
| | 0.17% | 0.29% |
| | 4.74% | 4.65% |
| | 0.07% | 0.17% |
| | 7.52% | 9.51% |
| | 5.68% | 4.35% |
| | 0.36% | 0.53% |
| | 8.17% | 8.79% |
| | 3.73% | 3.02% |
| | 10.23% | 7.56% |
| | 0.43% | 0.66% |
| | 5.33% | 5.52% |
| | 100% | 100% |
| | 0.24% | 0.13% |
| | 0% | 0.01% |
| | 0.02% | 0.04% |
| | 0.31% | 0.24% |
| | 0.01% | 0.01% |
| | 0.06% | 0.06% |
| | 0.66% | 0.91% |
| | 0.12% | 0.09% |
| | 0.08% | 0.09% |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

| | | |
|----------------------------|--------|----|
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |
| NACOGDOCHES MEDICAL CENTER | 450656 | TX |

Waiver Hospitals

Based on Spending Breakdown by Claim

| | |
|---|---------------------------|
| During Index Hospital Admission | Inpatient |
| During Index Hospital Admission | Outpatient |
| During Index Hospital Admission | Skilled Nursing Facility |
| During Index Hospital Admission | Durable Medical Equipment |
| During Index Hospital Admission | Carrier |
| 1 through 30 days After Discharge from Index Hospital Admission | Home Health Agency |
| 1 through 30 days After Discharge from Index Hospital Admission | Hospice |
| 1 through 30 days After Discharge from Index Hospital Admission | Inpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Outpatient |
| 1 through 30 days After Discharge from Index Hospital Admission | Skilled Nursing Facility |
| 1 through 30 days After Discharge from Index Hospital Admission | Durable Medical Equipment |
| 1 through 30 days After Discharge from Index Hospital Admission | Carrier |
| Complete Episode | Total |

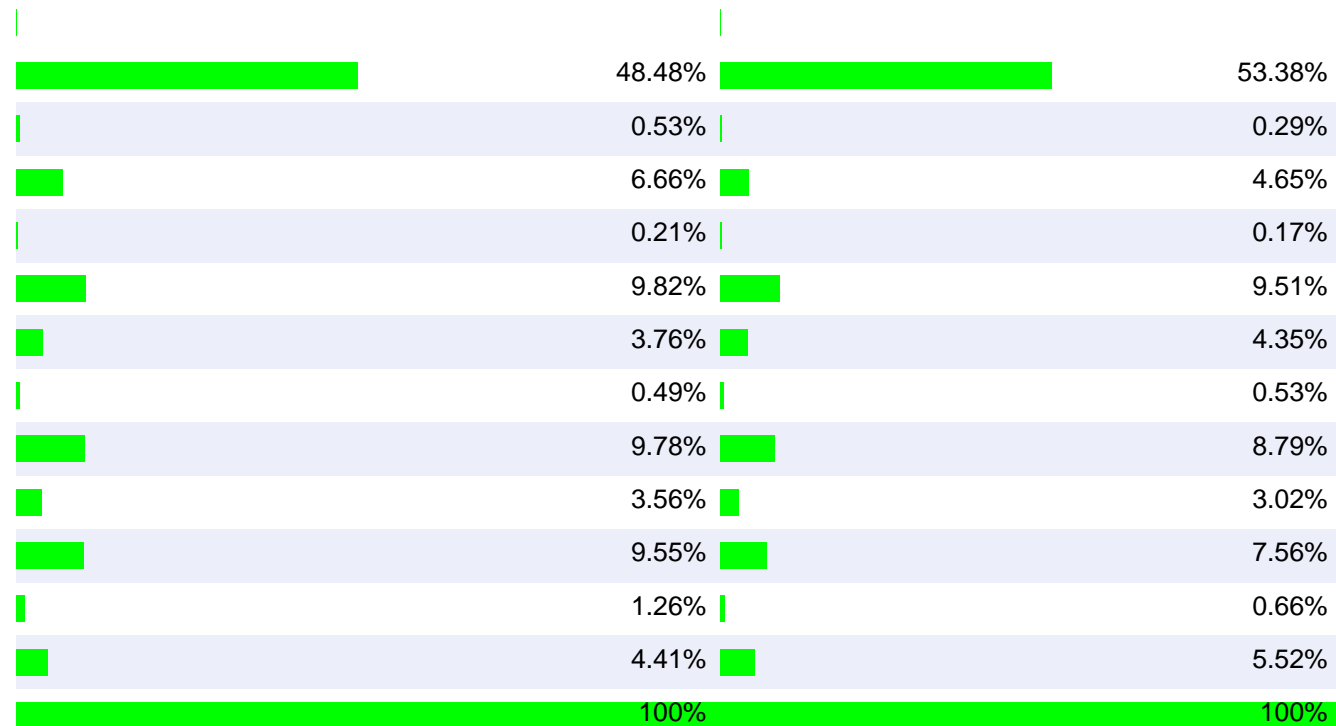
Waiver Hospitals

Based on Spending Breakdown by Claim

| | | | |
|--|------------|------------|------------|
| | \$9359.00 | \$10723.00 | \$9399.00 |
| | \$101.00 | \$58.00 | \$46.00 |
| | \$1286.00 | \$934.00 | \$1190.00 |
| | \$40.00 | \$34.00 | \$27.00 |
| | \$1896.00 | \$1911.00 | \$1857.00 |
| | \$726.00 | \$874.00 | \$715.00 |
| | \$95.00 | \$107.00 | \$88.00 |
| | \$1888.00 | \$1766.00 | \$1645.00 |
| | \$687.00 | \$606.00 | \$558.00 |
| | \$1843.00 | \$1518.00 | \$1646.00 |
| | \$242.00 | \$132.00 | \$110.00 |
| | \$851.00 | \$1108.00 | \$966.00 |
| | \$19304.00 | \$20089.00 | \$18506.00 |

Waiver Hospitals

Based on Spending Breakdown by Claim



Waiver Hospitals

Based on Spending Breakdown by Claim

